

## AME ASSESSMENT STATEMENT – OSA (Updated 06/29/2022)

AMEs who elect to perform an OSA assessment and find that the applicant does not meet the American Academy of Sleep Medicine (AASM) diagnostic criteria for OSA, must submit this statement to the FAA.

Airman/ Patient Name \_\_\_\_\_ DOB: \_\_\_\_\_

Reference Number (PI, MID, or App ID): \_\_\_\_\_

\_\_\_\_\_ (initial) I have performed an OSA assessment in accordance with AASM guidelines and have determined that there is no evidence of OSA requiring treatment at this time. (If a sleep study was performed it must be attached).

\_\_\_\_\_  
\_\_\_\_\_

PHYSICIAN NAME \_\_\_\_\_

Address: \_\_\_\_\_

Office Telephone Number: \_\_\_\_\_

PHYSICIAN  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Mail this statement to:

**Using Regular Mail (US Postal Service)   or**

Federal Aviation Administration  
Aerospace Medical Certification Division  
AAM-300  
Civil Aerospace Medical Institute  
PO BOX 25082  
Oklahoma City, OK 73125-9867

**Using Special Mail (FedEx, UPS, etc.)**

Federal Aviation Administration  
Aerospace Medical Certification Division  
AAM-300  
Civil Aerospace Medical Institute, Bldg. 13  
6700 S. MacArthur Blvd., Room 308  
Oklahoma City, OK 73169